S. No. 2
M—5-43
5-17-39
I X36671

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36404

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 148

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ball's Clinic (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days)
In this community 8 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Minn (b) County Pope 997
(c) City or town Glenwood (If outside city or town limits, write "RURAL") 21
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 21
If yes, name country

3. (a) PRINT FULL NAME Martin Schensted
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Amanda
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Mar (Month) 30 (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
69	7	2	hr. min.

9. Birthplace Goodhue County, (City, town, or county) Minn (State or foreign country)
10. Usual occupation Rural Mail Carrier
11. Industry or business U. S. Government
FATHER
12. Name Nicholi Schensted
13. Birthplace Unkown (City, town, or county) Norway (State or foreign country)
MOTHER
14. Maiden name Ellen Mahlen
15. Birthplace (City, town, or county) Norway (State or foreign country)
16. (a) Informant Roy E. Schensted
(b) Address Glenwood, Minnesota.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/3/1946 (Month) (Day) (Year)
(c) Place: burial or cremation Glenwood, Minn.
18. (a) Signature of funeral director Claude Prichard
(b) Address Excelsior Springs, Mo.
19. (a) 11/12/46 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2nd year 1946 hour 4 minute 15 A.M.
21. I hereby certify that I attended the deceased from Oct-23, 1946, to Nov. 2nd, 1946, that I last saw him alive on Nov 1st, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Due to Malignancy of Prostate Gland
Due to Prostatic Hypertrophy
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature W. C. Purviance M.D. (M. D. or other)
Address 210 - E Broadway, Excelsior Springs Mo Date signed 11-2-46

62 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8.
District File Number
Date Filed 11-23-46

DEC 20 1946

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ ....., Registered Apprentice No. ....., working under my personal supervision.

Signed E. E. White

Licensed Embalmer No. 4168

P. O. Address Excelsior Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.